

County: Brown
 ODD FELLOW HOME
 1229 SOUTH JACKSON STREET
 GREEN BAY 54301 Phone: (920) 437-6523

Facility ID: 6730

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Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/01): 82
 Total Licensed Bed Capacity (12/31/01): 82
 Number of Residents on 12/31/01: 78

Ownership:
 Highest Level License: Non-Profit Corporation
 Operate in Conjunction with CBRF? Skilled
 Title 18 (Medicare) Certified? No
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 79

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		42.3
Supp. Home Care-Personal Care	No					1 - 4 Years		46.2
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years		11.5
Day Services	No	Mental Illness (Org./Psy)	17.9	65 - 74	7.7			-----
Respite Care	No	Mental Illness (Other)	15.4	75 - 84	38.5			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	48.7	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	7.7	95 & Over	5.1	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	1.3		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	17.9	65 & Over	100.0	-----		
Transportation	No	Cerebrovascular	9.0		-----	RNs		10.6
Referral Service	No	Diabetes	3.8	Sex	%	LPNs		2.6
Other Services	Yes	Respiratory	7.7		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	19.2	Male	19.2	Aides, & Orderlies		
Mentally Ill	No		-----	Female	80.8			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Private Pay			Family Care		Managed Care			Total Resi - dents	% Of All	
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%			Per Di em (\$)
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Skilled Care	7	100.0	292	42	93.3	107	0	0.0	0	25	96.2	131	0	0.0	0	0	0.0	0	74
Intermediate	---	---	---	3	6.7	88	0	0.0	0	1	3.8	131	0	0.0	0	0	0.0	0	4
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Total	7	100.0		45	100.0		0	0.0		26	100.0		0	0.0		0	0.0		78

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	16.2	Daily Living (ADL)	Independent			
Private Home/With Home Health	0.0	Bathing	1.3	65.4	33.3	78
Other Nursing Homes	14.7	Dressing	12.8	70.5	16.7	78
Acute Care Hospitals	57.4	Transferring	17.9	64.1	17.9	78
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	14.1	67.9	17.9	78
Rehabilitation Hospitals	0.0	Eating	67.9	19.2	12.8	78
Other Locations	11.8	*****				
Total Number of Admissions	68	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	7.7	Receiving Respiratory Care		3.8
Private Home/No Home Health	32.9	Occ/Freq. Incontinent of Bladder	42.3	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	30.8	Receiving Suctioning		0.0
Other Nursing Homes	2.9			Receiving Ostomy Care		2.6
Acute Care Hospitals	2.9	Mobility		Receiving Tube Feeding		0.0
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	2.6	Receiving Mechanically Altered Diets		16.7
Rehabilitation Hospitals	0.0					
Other Locations	15.7	Skin Care		Other Resident Characteristics		
Deaths	45.7	With Pressure Sores	7.7	Have Advance Directives		93.6
Total Number of Discharges		With Rashes	2.6	Medications		
(Including Deaths)	70			Receiving Psychoactive Drugs		56.4

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit Peer Group Ratio %	Bed Size: 50-99 Peer Group Ratio %	Licensure: Skilled Peer Group Ratio %	All Facilities %
Occupancy Rate: Average Daily Census/Licensed Beds	96.3	89.4 1.08	85.1 1.13	84.3 1.14	84.6 1.14
Current Residents from In-County	50.0	82.7 0.60	80.0 0.62	82.7 0.60	77.0 0.65
Admissions from In-County, Still Residing	30.9	25.4 1.22	20.9 1.48	21.6 1.43	20.8 1.48
Admissions/Average Daily Census	86.1	117.0 0.74	144.6 0.60	137.9 0.62	128.9 0.67
Discharges/Average Daily Census	88.6	116.8 0.76	144.8 0.61	139.0 0.64	130.0 0.68
Discharges To Private Residence/Average Daily Census	29.1	42.1 0.69	60.4 0.48	55.2 0.53	52.8 0.55
Residents Receiving Skilled Care	94.9	93.4 1.02	90.5 1.05	91.8 1.03	85.3 1.11
Residents Aged 65 and Older	100	96.2 1.04	94.7 1.06	92.5 1.08	87.5 1.14
Title 19 (Medicaid) Funded Residents	57.7	57.0 1.01	58.0 0.99	64.3 0.90	68.7 0.84
Private Pay Funded Residents	33.3	35.6 0.94	32.0 1.04	25.6 1.30	22.0 1.51
Developmentally Disabled Residents	0.0	0.6 0.00	0.9 0.00	1.2 0.00	7.6 0.00
Mentally Ill Residents	33.3	37.4 0.89	33.8 0.98	37.4 0.89	33.8 0.99
General Medical Service Residents	19.2	21.4 0.90	18.3 1.05	21.2 0.91	19.4 0.99
Impaired ADL (Mean)	49.0	51.7 0.95	48.1 1.02	49.6 0.99	49.3 0.99
Psychological Problems	56.4	52.8 1.07	51.0 1.11	54.1 1.04	51.9 1.09
Nursing Care Required (Mean)	4.2	6.4 0.65	6.0 0.69	6.5 0.64	7.3 0.57